

Company Name: CITY OF CARMEL
Address: 1 Civic Square Carmel, IN 46032
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Corporate Pass Registration Form

EMPLOYEE FIRST NAME LAST NAME

ADDRESS CITY STATE ZIP CODE

HOME PHONE WORK PHONE CELL PHONE

E-MAIL ADDRESS EMERGENCY CONTACT NAME/PHONE PRIMARY PASSHOLDER BIRTHDATE

____ Special Accommodations (check if needed). See "Statement of Accessibility" on reverse side of this form.

I have read and fully understand the policies and the Carmel Clay Parks & Recreation Waiver and Release on the reverse side of this form. I understand my signature, or my primary guardian's signature if I am under 18, is required to use the Carmel Clay Parks & Recreation facility.

PASS SIGNATURE DATE

PASSES REQUESTED FOR:

PASSHOLDER NAME (FIRST & LAST)	BIRTHDATE	GENDER	PASS TYPE (see below)	MONTHLY FEE
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

CORPORATE PASS TYPE	DISCOUNT	Employee Bi-Weekly Portion	City Bi-Weekly Portion	TOTAL
				Bi-Weekly (26 pay periods)
Adult	All passes are discounted 20% off the public rate	\$ 11.08	\$ 1.85	\$ 12.93
Adult/Adult		\$22.16	\$ 3.70	\$ 25.86
Senior or Youth		\$ 6.92	\$ 1.58	\$ 8.50
Household		\$ 30.00	\$ 5.08	\$ 35.08

PAYMENT AUTHORIZATION

I, _____, hereby direct my employer to deduct \$ _____/pay from my
Printed Name
paycheck and forward payment to Carmel Clay Parks and Recreation. Deductions shall remain in full effect until pass cancellation occurs.

SIGNATURE OF ASSOCIATE DATE

SIGNATURE OF COMPANY AGENT DATE